## PART B - FEE(S) TRANSMITTA'

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

				HX (3/1)-2/3-2003	•		
NSTRUCTIONS: This form ppropriate. All further come adicated unless corrected be saintenance fee notifications.	should be used for transn spondence including the Pa low or directed otherwise in	nitting the ISSUE tent, advance order h Block I, by (a)	FEE and Plans and notific specifying a r	new correspondence address	and/or (b) indicating a se	should be completed where int correspondence address as sparate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Fee(s) Transmittal. In	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
25944 7590 06/16/2006				Cer	Certificate of Mailing or Transmission		
OLIFF & BERRIDGE, PLC P.O. BOX 19928 ALEXANDRIA, VA 22320				I hereby contify that the States Postal Service addressed to the Mai transmitted to the USI	his Feo(s) Transmittal is be with sufficient postage for il Stop ISSUE FEE addre PTO (\$71) 273-2885, on the	ling deposited with the United lirst class mail in an envelope as above, or being facsimile to date indicated below.	
,						(Depositor's name)	
						(Signature)	
•						(Dute)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO	CONFIRMATION NO.	
10/544,188	09/30/2005		Marnix Van	Der Mee	124873	8302	
TITLE OF INVENTION, EL	****			•			
*					<b>—</b>		
APPLN, TYPÉ	SMALL ENTITY	ISSUE FE	E	Publication fee	TOTAL PEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	09/18/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
TA, THO DAC		2833		439-357000	<u> </u>		
1. Change of correspondence address or indication of "Fec Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered anomey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON T PLEASE NOTE: Unless an assignee is identified below, no assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NO  (A) NAME OF ASSIGNEE  Radiall  Please check the appropriate assignee category or categories (will not be pr			data will appear on the patent. If an assignment is identified below, the document has been filed for it a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  ROSHY-Sous-Bois, France				
Please check the appropriat	e assignee category or categ	ories (will not be p	Tinted on the	pateni): Calinalvidesi	Corporation of Gast privi		
4a. The following fee(s) are enclosed:  Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			Paymen	in the amount of the fee(s) is	O3B is attached.	or credit any overpayment, to mexica copy of this form).	
5. Change in Entity Statu	s (from status indicated abo	ve)			CAN I ENITETY Car	27 CTR 1 27(a)(2)	
a. Applicant claims	SMALL ENTITY STATUS. Se	e 37 CFR 1.27.	b. Appl	icant is no longer claiming SI	mall ENTITY status. See	ipplication identified above.	
The Director of the USPTO NOTE: The Issue Fee and interest as shown by the re	D is requested to apply the Is Publication Fee (it required cords of the United States P	will not be accept atent and Trademan	ed from snyonk Office.	ne other than the applicant; a	registered attorney or agen	opplication identified above.  if or the assignee or other party in	
Authorized Signature _	\ 2			Date A	ugust 30, 2006		
Typed of printed name David R. Kemeny					on No57_2		
This collection of informs an application. Confidenti submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	tion is required by 37 CFR lality is governed by 35 U.S application form to the USI mas for reducing this burden, rginia 22313-1450. DO NO 3-1450. But of 1995, no personal property of the pr	1.311. The morma C. 122 and 37 CFI PTO. Aime will va , should be sent to of SEND FEES Of	tion is require R 1.14. This c ry depending the Chief Init R COMPLET respond to a c	d to obtain or retain a benefit collection is estimated to take upon the individual case. Are the comment of the collection of ficer, U.S. Patent ED FORMS TO THIS ADDITIONAL COLLECTION Of information unlessed.	by the public which is to 1 12 minutes to complete, by comments on the amoun and Trademark Office, U. RESS, SEND TO: Commis as it displays a valid OMB	ile (and by the USPTO to process acluding gathering, preparing, and it of time you require to complete. S. Department of Commerce, P.O. Sioner for Patents, P.O. Box 1450 control number.	